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12/19/2009

MEDTRONIC VASCULAR, INC.  
IP LEGAL DEPARTMENT  
3576 UNOCAL PLACE  
SANTA ROSA, CA 95403

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*Kimberly Melvin*

(Signature)

(Date)

*February 5, 2010*

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/671,946	09/29/2003	Ashish Varma	PA1436	8508

TITLE OF INVENTION: METHOD OF STERILIZING BALLOON WITH IONIZING RADIATION

APPLN. TYPE	SMALL ENTITY	ENSUR. FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
provisional	NO	\$1510	\$300	\$0	\$1810	03/10/2010
EXAMINER	ART UNIT	CLASS-SUBCLASS				
MCKAINE, ELIZABETH L.	1797	422-023000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
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2. For printing on the patent front page, list  
 (1) the name of up to 3 registered patent attorneys or agents OR, alternately,  
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for registration as set forth in 37 CFR 1.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

*Medtronic Vascular, Inc.*

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

*Santa Rosa, California USA*

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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Issue Fee  
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A check is enclosed.  
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27(g)(2).

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature: *James E. Crum*  
 Typed or printed name: *James E. Crum*

Date: *4 February 2010*

Registration No. *39,560*

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